

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Jose Fernandez, et al

SERIAL NO.: 10/004,207

FILING DATE: November 1, 2001 ATTNY. DOCKET: 19870.052301

TITLE:

MODULAR HIP PROSTHESIS

REGULAR MAIL CERTIFICATE

RECEIVED MAY 1 7 2004

Date of Deposit:

May 7, 2004

I hereby certify that the following attached paper(s) and/or fee

TECHNOLOGY CENTER R3700

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- (2) Change of Address Form;
- (3) Fee transmittal to have deduction form deposit account 501561 for cost of extra Independent claims \$344;
- (4) A self-addressed stamped postcard, return of which is requested to acknowledge receipt of the enclosed documents.

are being deposited with the United States Postal Service Regular Mail Post Office to Addressee service under 37 C.F.R. Section 1.10 on the date indicated above and is addressed to Mail Stop Non-Fee Amendment; Commissioner for Patents, P.O. Box 1450; Alexandria, VA 22313-1450.

Respectfully submitted,

GREENBERG TRAURIG, LLP.

Randi Flamenbaum Legal Assistant

Dated: May 7, 2004

CORRESPONDENCE:

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PTO/SB/17 (10-03)

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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 344

Complete if Known				
Application Number	10/004,207			
Filing Date	November 1, 2001			
First Named Inventor	Jos_ Fernandez, et al			
Examiner Name	Michael B. Priddy			
Art Unit	3732			
Attorney Docket No.	19870 052301			

Large Entity Small Entity Fee	METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)			
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1005 160 2005 80 Provisional filing fee SUBTOTAL (1) (\$) 1451 1,510 1451 1					
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or number previously paid, it greater, not reissues, see above	**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)			

SUBMITTED BY

Name (Print/Type)

Barry J. Schindler

Registration No. (Attorney/Agent)

Signature

(Complete (if applicable))

Telephone 212-801-2244

Date 5/7/2004

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